

Medicare Advantage HMO Coverage in Erie County 2012

TYPE OF MEDICAL SERVICE	Original Medicare	Excellus Health-Univera 1-800-659-1986				BlueCross Blue Shield 1-800-248-9296		
		Senior Choice Value	Senior Choice Value Plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40	\$0	\$40	\$80	\$114	\$0	\$0	\$95.00
PCP Visits	20%**	\$20	\$20	\$15	\$15	\$10	\$15	\$10
Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$40	\$40	\$35	\$35	\$35	\$35	\$25
Outpatient Mental Health	45%	Therapy:40%	Therapy:40%	Therapy:35%	Therapy:35%	\$40 therapy	\$40 therapy	\$40 therapy
Outpatient Substance Abuse	20%**	Therapy:50%	Therapy:50%	Therapy:35%	Therapy:35%	50% individual/group	50% individual/group	50% individual/group
Outpatient Surgery	20% **	\$150	\$125	\$75	\$75	\$200	\$200	\$125
Emergency Care	20% **	\$65	\$65	\$65	\$65	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	\$40	\$40	\$35	\$35	35-\$0 if admitted	35-\$0 if admitted	25-\$0 if admitted
Ambulance Services	20% **	\$150	\$150	\$125	\$125	\$125	\$125	\$50
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%	20%	20%	20%
X Rays	20% **	X-rays,diagnostic radiology: 20% \$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10% \$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10%\$0 diagnostic procedures/tests	X-rays,diagnostic radiology:10%\$0 diagnostic procedures/tests	\$35 diagnostic procedures/tests;\$75 diagnostic radiology	\$35 diagnostic procedures/tests;\$75 diagnostic radiology	\$25 diagnostic procedures/tests;\$75 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation Therapy	20%	20%	10%	10%	10%	\$35	\$35	\$25
Chiropractic Care	limited coverage 20% **	\$20	\$20	\$15	\$15	\$20	\$20	\$20
Medically Necessary Foot Care	limited coverage 20% **	Medicare covered:\$40	Medicare covered:\$40	Medicare covered:\$35	Medicare covered:\$35	\$35	\$35	\$25

Medicare Advantage HMO Coverage in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Excellus Health-Univera 1-800-659-1986				BlueCross Blue Shield 1-800-248-9296		
		Senior Choice Value	Senior Choice Value plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40	\$0	\$40	\$80	\$114	\$0.00	\$0.00	\$95.00
Routine Foot Care	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	\$35,3 covered	\$35,3 covered	\$25:(3) routine visits
P.T.,O.T. and Speech Therapy	20% **	\$40	\$40	\$35	\$35	\$10	\$15	\$10
Inpatient Hospital	\$1,132 for days 1-60, \$283 days 61-90	Days 1-7:\$150 per day;Days 8-90:\$0	\$375(3)	\$200(3)	\$275(3)	\$400 (1)	\$500(1)	\$400(1)
Inpatient Mental Health*	\$1132 for days 1-60, \$283 days 61-90	Days 1-7:\$150 per day;Days 8-90:\$0	\$375(3)	\$200(3)	\$275(3)	\$400(1)	\$500(1)	\$400(1)
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21-100	Days 1-100:\$50 per day	Days 1-100:\$50 per day	Days 1-100:\$25 per day	Days 1-100:\$25 per day	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20% **	\$0	\$0	\$0	\$0	\$0	\$0	
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33%	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33%	0%-20% Part B covered only;NO PART D	Part B: 20%;Part D:\$0 deductible \$6,\$40,\$90,33%	NO PART D;\$50;Part B; \$0-\$75 Chemo drugs	Part D:\$0 deductible;\$0,\$5,\$40,50%,30% Part B:\$50 ;Chemo drugs:\$0-\$75	Part D:\$0 deductible;\$0,\$5,\$40,50%,30% Part B:\$50 ;Chemo drugs :\$0-\$75

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		Senior Choice Value	Senior Choice Value plus	Senior Choice Select	Senior Choice Secure	Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D
Doctor & Choice of Hospitals								
PREMIUMS	\$115.40 for part B	\$0	\$40	\$80	\$114	\$0.00	\$0.00	\$95.00
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1) eyeglasses/contact lenses Post cataract surgery:\$40; Diagnostic exam,(1) routine exam:\$0-\$40	(1) eyeglasses/contact lenses Post cataract surgery:\$0-\$40; Diagnostic exam,(1) routine exam:\$0-\$40 ;glasses/contacts \$0 copay -\$75 limit	(1) eyeglasses/contact lenses Post cataract surgery:\$0-\$35; Diagnostic exam,(1) routine exam:\$0-\$35 ;glasses/contacts \$0 copay -\$100 limit	(1) eyeglasses/contact lenses Post cataract surgery:\$0-\$35; Diagnostic exam,(1) routine exam:\$0-\$35 ;glasses/contacts \$0 copay -\$75 limit	\$35 Routine vision test;\$0Glaucoma test \$0	\$35 Routine vision test;\$0Glaucoma test \$0	\$25 Routine vision test;\$0Glaucoma test \$0
Hearing Services	20%	Diagnostic exam,(1) routine exam:\$40	Diagnostic exam,(1) routine exam:\$40	Diagnostic exam,(1) routine exam:\$35	Diagnostic exam,(1) routine exam:\$35	\$35 exam	\$35 exam	\$35 exam
Diabetic training and supplies	20%	Training:\$0;Supplies 20%	Training:\$0;Supplies 20%	Training:\$0;Supplies 20%	Training:\$0;Supplies 20%	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;20% supplies
Dental Coverage	limited coverage	Medicare covered:\$40	(2) exams,cleanings,x-rays:\$0;Medicare covered :\$40	(2) exams,cleanings,x-rays:\$0;Medicare covered :\$35	(2) exams,cleanings,x-rays:\$0;Medicare covered :\$35	\$35 medicare covered only	\$35 medicare covered only	\$25 medicare covered only
With full LIS	NA	\$0	\$5.10	n/a	\$88.40			\$61.40
** after Part B deductible of \$162								

Medicare Advantage HMO Coverage in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH			MVP Health 1-888-280-6205			WELLCARE 1-800-278-5155		
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	GoldValue	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO-POS)	Wellcare Value (HMO-POS)
Doctor & Choice of Hospitals										
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40	\$0.00	\$0.00	\$0.00
PCP Visits	20% **	\$15	\$10	\$10	\$20	\$15	\$15	\$10	\$0	\$10
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20% **	\$30	\$25	\$25	\$40	\$25	\$25	\$35	\$35	\$35
Outpatient Mental Health	45%	Therapy:\$40	Therapy:\$40	Therapy:\$40	Therapy:\$40; day program:\$40 per day	Therapy:\$25; day program:\$25 per day	Therapy:\$25; day program:\$25 per day	\$35:individual therapy,\$25 group;\$150 day program	\$35:individual therapy,\$25 group;\$100 day program	\$35:individual therapy,\$25 group;\$175 day program
Outpatient Substance Abuse	20% **	\$45%	\$45%	\$45%	Therapy:\$40	Therapy:\$25	Therapy:\$25	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25: group
Outpatient Surgery	20% **	Outpatient hospital:\$30-\$125 Ambulatory surgical center:\$125	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Ambulatory Care Center:\$150;Hospital outpatient :\$250	Ambulatory Care Center:\$75;Hospital outpatient :\$150	Ambulatory Care Center:\$75;Hospital outpatient :\$150	\$100	\$75	\$125
Emergency Care	20% **	\$65	\$50	\$50	\$65	\$65	\$65	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	\$35	\$30	\$30	\$40	\$25	\$25	\$35	35-\$0 if admitted	35-\$0 if admitted
Ambulance Services	20% **	\$180	\$100	\$100	\$125	\$75	\$75	\$100	\$100	\$100
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%-30%	10%-25%	10%-25%	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	0%-30%	0%-25%	0%-25%	20%	20%	20%	20%	20%	20%
X Rays	20% **	Diagnostic procedures:\$15-\$30;X-rays:\$30;Diagonostic radiology:\$75	Diagnostic procedures:\$10-\$25;X-rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$10-\$25;X-rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$0;X-rays:\$40;\$60 diagnostic radiology	Diagnostic procedures:\$0;X-rays:\$25;\$40 diagnostic radiology	Diagnostic procedures:\$0;X-rays:\$25;\$40 diagnostic radiology	\$0-\$100 Diagnostic procedures/tests;\$50-\$75 diagnostic radiology	\$0-\$75 Diagnostic procedures/tests;\$50-\$75 diagnostic radiology	\$0-\$125 Diagnostic procedures/tests;\$50-\$125 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$10	\$10	\$10	\$0-\$100	\$0-\$75	\$0-\$125
Radiation Therapy	20%	\$30	\$25	\$25	\$0	\$0	\$0	\$35	\$35	\$35
Chiropractic Care	limited coverage 20% **	\$20	\$20	\$20	\$20	\$20	\$20	\$0	\$0	\$0
Medically Necessary Foot Care	limited coverage 20% **	\$30	\$25	\$25	\$40	\$25	\$25	\$35	\$35	\$35

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH			MVP Health 1-888-280-6205			WELLCARE 1-800-278-5155		
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold Value	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value
Doctor & Choice of Hospitals										
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40	\$0.00	\$0.00	\$0.00
Routine Foot Care	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	Not covered	Not covered	Not covered
P.T.,O.T. and Speech Therapy	20% **	\$15	\$10	\$10	\$40	\$25	\$25	\$35	\$35	\$35
Inpatient Hospital	20% **	\$600	\$425	\$425	\$300	\$300	\$300	Days 1- 10:\$150;days 11- 90:\$0	Days:1- 5:\$100;days 6- 90:\$0	Days:1-10:\$175 days11-90:\$0
Inpatient Mental Health*	\$1,132 days 1- 60,\$283 days 61-90	\$600	\$425	\$425	\$500 (3)	\$500 (3)	\$300 (3)	Days 1- 9:\$150;days 10- 90:\$0	Days 1- 5:\$100;Days 6- 90\$0	Days 1- 8:\$175;Days 9- 90:\$0
Skilled Nursing Facility	\$1,132 days 1- 60,\$283 days 61-90	\$45/day	\$40/day	\$40	\$500 (3)	\$300 (3)	\$300 (3)	Days 1- 20:\$0, days 21- 100:\$146	Days 1- 20:\$0, days 21- 100:\$146	Days 1- 20:\$0, days 21- 100:\$146
Home Health Care	\$0 days 1-20, \$141 days 21-100	\$0	\$0	\$0	Days 1-20:\$0;days 21-100:\$135	Days 1- 20:\$0;days 21- 100:\$135	Days 1- 20:\$0;days 21- 100:\$135	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	20% **	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepatitis B	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B:\$50-20%;Part D:\$0 deductible;Co- pays:\$0,\$4\$45\$75,33 %	Part B:\$50-20%;Part D:\$0 deductible;Co- pays:\$0,\$4\$45\$75,33 %	Part B:\$50; NO PART D	Part B: 0%-20%;Part D:Deductible:\$0 - \$8*\$35,\$90,33%;Sele ct Care drugs: \$0	0%-20% Part B covered only;NO PART D	Part B: 0%- 20%;Part D:Deductible:\$0 - \$8*\$35,\$90,33%; Select Care drugs: \$0	Part B 20% ;No Part D;	Part D:\$0 deductible;\$0,\$3 9,\$79,33%;;Part B:20%	Part D:\$0 deductible;\$0,\$3 9,\$79,33%Part B:20%

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH			MVP Health 1-888-280-6205			WELLCARE 1-800-278-5155		
Doctor & Choice of Hospitals		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold value	Preferred * NO PART D	Preferred Gold	Wellcare Advance NO PART D	WellCare Choice (HMO-POS)	Wellcare Value
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0.00	\$0.00	\$104.40	\$0.00	\$0.00	\$0.00
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$30 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$150 limit	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$150 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$40(1)routine exam:\$40;(1)eyeglasses/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/contact:\$0 upto \$100 limit	\$0-\$35 diagnostic exam;\$0:(1) eyeglass/contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses.\$100 limit frames	\$0-\$35 diagnostic exam;\$0:(1) eyeglass/contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses.\$100 limit frames	\$0-\$35 diagnostic exam;\$0:(1) eyeglass/contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses.\$100 limit frames
Hearing Services	20%	Diagnostic/supplementalexams:\$15-\$30	Diagnostic/supplementalexams:\$10-\$25	Diagnostic/supplementalexams:\$10-\$25	Diagnostic exams/(1) routine exam:\$40	Diagnostic exams/(1) routine exam:\$25	Diagnostic exams/(1) routine exam:\$25	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years
Diabetic training and supplies	20%	Training:\$0; Supplies\$8	Training:\$0; Supplies\$8	Training:\$0; Supplies\$8	Training:\$0; Supplies:20%	Training:\$0; Supplies:20%	Training:\$0; Supplies:20%	\$0 training;0% for supplies	\$0 training;0% for supplies	\$0 training;0% for supplies
Dental Coverage	limited coverage	Medicare covered services:\$30-\$125	Oral exams(2);Cleanings(2) ; dental x-rays: \$0;.Medicare covered :\$25-\$100	Oral exams(2);Cleanings(2) ; dental x-rays: \$0;.Medicare covered :\$25-\$100	Medicare covered:\$40	Medicare covered:\$25	Oral exams(2);Cleanings(2);dental x-rays:\$0;\$300 limit.Medicare covered :\$25	\$0 Medicare covered;\$0 (2) cleanings;(1) fluoride treatment/dental x-ray; \$1,000 limit	\$0 Medicare covered;\$0 (2) cleanings;(1) fluoride treatment/dental x-ray; \$500 limit	\$0 Medicare covered;no preventative
With full LIS	NA	\$0	\$0	NA	\$0	NA			\$0	\$0

Medicare Advantage HMO in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH 1-800-958-4405			MVP Health 1-888-280-6205		
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	GoldValue	Preferred * NO PART D	Preferred Gold
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40
PCP Visits	20%**	\$15	\$10	\$10	\$20	\$15	\$15
Wellness exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$30	\$25	\$25	\$40	\$25	\$25
Outpatient Mental Health	45%	Therapy:\$40	Therapy:\$40	Therapy:\$40	Therapy:\$40; day program:\$40 per day	Therapy:\$25; day program:\$25 per day	Therapy:\$25; day program:\$25 per day
Outpatient Substance Abuse	20%**	\$45%	\$45%	\$45%	Therapy:\$40	Therapy:\$25	Therapy:\$25
Outpatient Surgery	20% **	Outpatient hospital:\$30-\$125 Ambulatory surgical center:\$125	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Outpatient hospital:\$25-\$100 Ambulatory surgical center:\$100	Ambulatory Care Center:\$150;Hospital outpatient :\$250	Ambulatory Care Center:\$75;Hospital outpatient :\$150	Ambulatory Care Center:\$75;Hospital outpatient :\$150
Emergency Care	20% **	\$65	\$50	\$50	\$65	\$65	\$65
Urgent Care	20% **	\$35	\$30	\$30	\$40	\$25	
Ambulance Services	20% **	\$180	\$100	\$100	\$125	\$75	\$75
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	10%-30%	10%-25%	10%-25%	20%	20%	20%
Prosthetic Devices	20% **	0%-30%	0%-25%	0%-25%	20%	20%	20%
X Rays	20% **	Diagnostic procedures:\$15-\$30;X-rays:\$30;Diagonostic radiology:\$75	Diagnostic procedures:\$10-\$25;X-rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$10-\$25;X-rays:\$25;Diagonostic radiology:\$50	Diagnostic procedures:\$0;X-rays:\$40;\$60 diagnostic radiology	Diagnostic procedures:\$0;X-rays:\$25;\$40 diagnostic radiology	Diagnostic procedures:\$0;X-rays:\$25;\$40 diagnostic radiology
Lab Services	\$0		\$0	\$0	\$10	\$10	\$10
Radiation Therapy	20%		\$30	\$30	\$0	\$0	\$0
Chiropractic Care	limited coverage 20% **		\$20	\$20	\$20	\$20	
Medically Necessary Foot Care	limited coverage 20% **		\$25	\$25	\$40	\$25	\$25

Medicare Advantage HMO in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH 1-800-958-4405			MVP Health 1-888-280-6205		
Doctor & Choice of Hospitals							
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold Value	Preferred * NO PART D	Preferred Gold
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0	\$0	\$104.40
Routine Foot Care	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
P.T.,O.T. and Speech Therapy	20% **	\$15	\$10	\$10	\$40	\$25	
Inpatient Hospital	\$1,132 days 1-60,\$283 days 61-90	\$600	\$425	\$425	\$500 (3)	\$500 (3)	\$300 (3)
Inpatient Mental Health*	\$1,132 days 1-60,\$283 days 61-90	\$600	\$425	\$425	\$500 (3)	\$300 (3)	\$300 (3)
Skilled Nursing Facility	\$0 days 1-20, \$141 days 21-100	Days:1-100:\$45	Days 1-100:\$40	Days 1-100:\$40	Days 1-20:\$0;days 21-100:\$135	Days 1-20:\$0;days 21-100:\$135	Days 1-20:\$0;days 21-100:\$135

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TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	INDEPENDENT HEALTH 1-800-958-4405			MVP Health 1-888-280-6205		
		Independent Health Encompass 65 Basic	Independent Health Encompass 65	Independent Health Encompass 65 (No Part D)	Gold value	Preferred * NO PART D	Preferred Gold
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40, \$162 deductible	\$0	\$39.80	\$0	\$0.00	\$0.00	\$104.40
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20% **	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B:\$50-20%;Part D:\$0 deductible;Co-pays:\$0,\$4\$45\$75,33%	Part B:\$50-20%;Part D:\$0 deductible;Co-pays:\$0,\$4\$45\$75,33%	Part B:\$50; NO PART D	Part B: 0%-20%;Part D:Deductible:\$0 - \$8\$35,\$90,33%;Select Care drugs: \$0	0%-20% Part B covered only;NO PART D	Part B: 0%-20%;Part D:Deductible:\$0 - \$8\$35,\$90,33%;Select Care drugs: \$0
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$30 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$150 limit	(1)glasses /contacts post cataract:\$0;Diagnostic exams:\$25 (1)routine exam:\$0;(1)eyeglass/contact:\$0 upto \$150 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$40(1)routine exam:\$40;(1)eyeglass/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/contact:\$0 upto \$100 limit	(1)glasses /contacts post cataract:20%Diagnostic exams:\$25;(1)routine exam:\$25;(1)eyeglass/contact:\$0 upto \$100 limit
Hearing Services	20%	Diagnostic/supplementalexams:\$15-\$30	Diagnostic/supplementalexams:\$10-\$25	Diagnostic/supplementalexams:\$10-\$25	Diagnostic exams/(1) routine exam:\$40	Diagnostic exams/(1) routine exam:\$25	Diagnostic exams/(1) routine exam:\$25
Diabetic training and supplies	20%	Training:\$0;Supplies\$8	Training:\$0;Supplies\$8	Training:\$0;Supplies\$8	Training:\$0;Supplies:20%	Training:\$0;Supplies:20%	Training:\$0;Supplies:20%
Dental Coverage	limited coverage	Medicare covered services:\$30-\$125	Oral exams(2);Cleanings(2); dental x-rays: \$0;.Medicare covered :\$25-\$100	Oral exams(2);Cleanings(2); dental x-rays: \$0;.Medicare covered :\$25-\$100	Medicare covered:\$40	Medicare covered:\$25	Oral exams(2);Cleanings(2);dental x-rays:\$0;\$300 limit.Medicare covered :\$25
With full LIS	NA	\$0	\$0	NA	\$0	NA	

Medicare Advantage HMO in Erie County 2012							
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross Blue Shield 1-800-248-9296			WELLCARE 1-800-278-5155		
		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO- POS)	Wellcare Value (HMO- POS)
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00
PCP Visits	20%**	\$10	\$15	\$10	\$10	\$0	\$10
Wellness Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$35	\$35	\$25	\$35	\$35	\$35
Outpatient Mental Health	45%	\$40 therapy	\$40 therapy	\$40 therapy	\$35:individual therapy,\$25 group;\$150 day program	\$35:individual therapy,\$25 group;\$100 day program	\$35:individual therapy,\$25 group;\$175 day program
Outpatient Substance Abuse	20%**	50% individual/group	50% individual/group	50% individual/group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25 group	\$35:individual therapy,\$25: group
Outpatient Surgery	20% **	\$200	\$200	\$125	\$100	\$75	\$125
Emergency Care	20% **	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted	65-\$0 if admitted
Urgent Care	20% **	35-\$0 if admitted	35-\$0 if admitted	25-\$0 if admitted		35-\$0 if admitted	35-\$0 if admitted
Ambulance Services	20% **	\$125	\$125	\$50	\$100	\$100	\$100
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%	20%	20%
X Rays	20% **	\$35 diagnostic procedures/tests; \$75 diagnostic radiology	\$35 diagnostic procedures/tests; \$75 diagnostic radiology	\$25 diagnostic procedures/tests;\$75 diagnostic radiology	\$0-\$100 Diagnostic procedures/tests;\$50-\$75 diagnostic radiology	\$0-\$75 Diagnostic procedures/tests;\$50-\$75 diagnostic radiology	\$0-\$125 Diagnostic procedures/tests;\$50-\$125 diagnostic radiology
Lab Services	\$0	\$0	\$0	\$0	\$0-\$100	\$0-\$75	\$0-\$125
Radiation Therapy	20%	\$35	\$35	\$25	\$35	\$35	\$35
Chiropractic Care	limited coverage 20% **	\$20	\$20	\$20	\$0	\$0	\$0

Medicare Advantage HMO in Erie County 2012

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		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO-POS)	Wellcare Value
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00
Medically Necessary Foot Care	limited coverage 20% **	\$35	\$35	\$25	\$35	\$35	\$35
Routine Foot Care	NOT COVERED	\$25:(3) routine visits	\$25:(3) routine visits	\$25:(3) routine visits	Not covered	Not covered	Not covered
P.T.,O.T. and Speech Therapy	20% **	\$10	\$15	\$10	\$35	\$35	\$35
Inpatient Hospital	\$1,132 days 1-60, \$283 days 61-90	\$400 (1)	\$500(1)	\$400(1)	Days 1-10:\$150;days 11-90:\$0	Days:1-5:\$100;days 6-90:\$0	Days:1-10:\$175 days11-90:\$0
Inpatient Mental Health*	\$1,132 days 1-60, \$283 days 61-90	\$400(1)	\$500(1)	\$400(1)	Days 1-9:\$150;days 10-90:\$0	Days 1-5:\$100;Days 6-90\$0	Days 1-8:\$175;Days 9-90:\$0
Skilled Nursing Facility	\$0 days 1-20, \$141.50 days 21-100	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-75/\$45per day;76-100/\$0	Days 1-20:\$0,days 21-100:\$146	Days 1-20:\$0,days 21-100:\$146	Days 1-20:\$0,days 21-100:\$146
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0	\$0	\$0
Bone Mass Measurement	20% **	\$0	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	NO PART D;\$50;Part B; \$0-\$75 Chemo drugs	Part D:\$0 deductible;\$0,\$5,\$40,50%,30% Part B:\$50 ;Chemo drugs:\$0-\$75	Part D:\$0 deductible;\$0,\$5,\$40,50%,30% Part B:\$50 ;Chemo drugs :\$0-\$75	Part B 20% ;No Part D;	Part D:\$0 deductible;\$0,\$39,\$79,33 %;;Part B:20%	Part D:\$0 deductible;\$0,\$39,\$79,33 %Part B:20%
Vision services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$35 Routine vision test;\$0Glaucoma test \$0	\$35 Routine vision test;\$0Glaucoma test \$0	\$25 Routine vision test;\$0Glaucoma test \$0	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses. \$100 limit frames	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses.\$100 limit frames	\$0-\$35 diagnostic exam; \$0:(1) eyeglass/ contact lenses post cataract surgery;(1) routine exam;(1) eyeglasses/contacts/lenses.\$100 limit frames

Medicare Advantage HMO in Erie County 2012

TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	BlueCross Blue Shield 1-800-248-9296			WELLCARE 1-800-278-5155		
		Senior Blue HMO 601	Senior Blue HMO 651 Part D	Senior Blue HMO 653 Part D	Wellcare Advance NO PART D	WellCare Choice (HMO-POS)	Wellcare Value
Doctor & Choice of Hospitals							
PREMIUMS	\$115.40	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00
Hearing Services	20%	\$35 exam	\$35 exam	\$35 exam	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years	\$35 diagnostic exam;\$0: (1) routine exam,(1) hearing aid fitting every (3) years,\$0 copay \$350 limit coverage for aids every (3) years
Diabetic training and supplies	20%	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;20% supplies	\$0 training;0% for supplies	\$0 training;0% for supplies	\$0 training;0% for supplies
Dental Coverage	limited coverage	\$35 medicare covered only	\$35 medicare covered only	\$25 medicare covered only	\$0 Medicare covered;\$0 (2) cleanings;(1) fluoride treatment/dental x-ray; \$1,000 limit	\$0 Medicare covered;\$0 (2) cleanings;(1) fluoride treatment/dental x-ray; \$500 limit	\$0 Medicare covered;no preventative
With full LIS	NA					\$0	\$0
** after Part B deductible of \$162 is met							